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Comments:

Atty Docket No: 51471-20008.00
Application Serial No.: 10/542,184
Filed: February 6, 2006
Inventors: Z. Howard
Art Unit: 1646
Examiner: Alun DAVIES *et al.*
Title: METHODS OF SCREENING FOR MODULATORS OF NERVE
GROWTH FACTOR

Enclosed are the following documents:

1. Transmittal – 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address – 1 page

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PTO/SB/21 (09-06)

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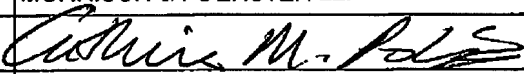
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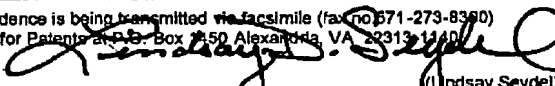
TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/542,184	
	Filing Date	January 20, 2004	
	First Named Inventor	Alun DAVIES	
	Art Unit	1646	
	Examiner Name	Z. Howard	
Total Number of Pages in This Submission	2	Attorney Docket Number	514712000800

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Catherine M. Polizzi		
Date	May 8, 2007	Reg. No.	40,130

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/542,184
	Filing Date	January 20, 2004
	First Named Inventor	Alun DAVIES
	Art Unit	1646
	Examiner Name	Z. Howard
	Attorney Docket Number	514712000800

To: Commissioner for Patents
P.O. Box 1450
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Please withdraw me as attorney or agent for the above identified patent application, and

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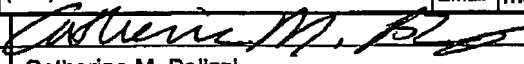
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Country	U.S.A.		
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Name	Catherine M. Pollzi	Registration No.	40,130
Date	May 8, 2007	Telephone No.	(650) 813-5651

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